

Case Number:	CM13-0054852		
Date Assigned:	12/30/2013	Date of Injury:	05/23/2013
Decision Date:	03/26/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51-year-old female who reported an injury on 05/23/2013. The mechanism of injury was a fall. The records provided for review indicated the patient has completed 17 sessions of physical therapy from 06/17/2013 to 10/16/2013. The progress note dated 10/30/2013 indicated the patient reported she was still having problems with temporomandibular joint disease, which had been addressed. Patient reported her memory was a little better. The patient's medications include Indocin 25 mg with dinner, Coenzyme Q10, Flexeril as needed, and Neurontin 100 mg twice daily. Upon examination, the patient had a tendency to favor the left leg. There was difficulty walking on the left heel. There were leg cramps and thigh cramps posteriorly. There was neck pain to the right and left occipital notch, more on the right side. Overall strength was about 5-/5. Deep tendon reflexes were trace throughout. There was weakness on the left foot with mild left foot drop.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional physical therapy twice a week for twelve weeks for the head: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Chapter, Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS states active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Physical Medicine Guidelines indicate that for myalgia and myositis it is recommended the patient receive 9 to 10 visits over 8 weeks. The records provided for review indicated the patient has completed 17 sessions of physical therapy from 07/17/2013 through 10/16/2013. The records provided for review indicated the patient's overall strength was about 5-/5 power. Deep tendon reflexes were trace throughout. There was weakness of the left foot with a mild foot drop. The records provided for review failed to include documentation of objective functional deficits to support additional physical therapy. As such, the request for additional physical therapy twice a week for 12 weeks of the head is non-certified.